

## Indiana's Universal Newborn Hearing Screening Program

### Results of Diagnostic Audiologic Evaluation (DAE)

**Identifying Information:**    ☐ Initial Report    ☐ Follow-up Report

Baby's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

M ( ) F ( )    Date of Birth: \_\_\_\_\_

Mother's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Birthing Hospital: \_\_\_\_\_

Phone: \_\_\_\_\_ PMP \_\_\_\_\_

Phone: \_\_\_\_\_

**Date of Evaluation:** \_\_\_\_\_

**Case History:**

☐ Family History (Permanent Childhood Hearing Loss)

☐ Congenital Infection (e.g. CMV/syphilis/rubella/herpes/toxoplasmosis)

☐ Hyperbilirubinemia (requiring exchange transfusion)

☐ Neonatal Factors (e.g. low birth weight/Mechanical ventilation/ECMO)

☐ Craniofacial anomalies

☐ Genetic Syndromes (known to be associated with hearing loss)

☐ Ototoxic medications

☐ Well Baby Nursery    ☐ Special Care/NICU

**Methods of Evaluation:** (Check all that apply)

☐ Click ABR    ☐ TEOAE    ☐ Tympanometry    ☐ BOA

☐ Tone ABR    ☐ DPOAE    ☐ High-Frequency Tymp    ☐ VRA

☐ Bone Conduction ABR    ☐ ASSR    ☐ CPA

☐ Re-screen (circle all that apply)    AABR    TEOAE    DPOAE    (If OAE Re-screen, consider additional test measures)

Results:	Right	Left	Degree:	Right	Left
Normal			Normal (0-20dB)		
Sensorineural Loss			Mild (20-40dB)		
Conductive Loss			Moderate (41-55dB)		
Mixed Loss			Moderate-Severe (56-70dB)		
Undetermined			Severe (71-90dB)		
Auditory Neuropathy			Profound (> 90dB)		

☐ Normal    ☐ Diagnosed Hearing Loss    ☐ Pending (Additional testing needed)

**Recommendations:** Check all that apply

☐ Medical Follow-up    ☐ Developmental Evaluation    ☐ Amplification

☐ ENT Consult/Clearance    ☐ Communication Assessment (Spoken Language/Visual Language)

☐ Audiologic Monitoring If yes, how often? \_\_\_\_\_

☐ Genetic Referral    ☐ Family Counseling    ☐ First Steps

☐ Other (Specify) \_\_\_\_\_

**Comments:**

\_\_\_\_\_

**Family Resource Guide** shared with parents for infants with diagnosed hearing loss: ☐ Yes    ☐ No

**Results Communicated to:**    ☐ Child's PMP (Specify) \_\_\_\_\_    ☐ First Steps

☐ Parent/Family    ☐ ENT (Specify) \_\_\_\_\_    ☐ Other \_\_\_\_\_

**Signature:**

\_\_\_\_\_  
Audiologist

\_\_\_\_\_  
Clinic Name

\_\_\_\_\_  
Phone: \_\_\_\_\_

\_\_\_\_\_  
Fax: \_\_\_\_\_

\_\_\_\_\_  
Email: \_\_\_\_\_

Return this form to:  
Indiana State Department of Health

Newborn Screening Section  
2 North Meridian Street, Section 7C  
Indianapolis, IN 46204  
Fax: (317) 234-2995 or (317) 233-1281  
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